

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 507

**Department of Health &
Human Services**

**Center for Medicare and
&
Medicaid Services**

Date: MARCH 18, 2005

Change Request 3745

SUBJECT: New Healthcare Common Procedure Coding System (HCPCS) for Intravenous Immune Globulin (IVIG)

I. SUMMARY OF CHANGES: To add the HCPCS codes that appropriately distinguish between the lyophilized and non-lyophilized form of IVIG.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : April 1, 2005

IMPLEMENTATION DATE : April 4, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED – *Only One Per Row.*

R/N/D	Chapter / Section / Subsection / Title
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Recurring Update Notification

**Unless otherwise specified, the effective date is the date of service.*

Attachment – Recurring Update Notification

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SUBJECT: New Healthcare Common Procedure Coding System (HCPCS) for Intravenous Immune Globulin (IVIG)

I. GENERAL INFORMATION

This notification contains information on new HCPCS codes for IVIG which will be effective April 1, 2005.

A. Background:

Effective April 1, 2005, the following HCPCS codes are being added to appropriately distinguish between the lyophilized and non-lyophilized form of IVIG.

HCPCS Code	Short Descriptor	Long Descriptor
Q9941	IVIG lyophil 1G	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 1G
Q9942	IVIG lyophil 10 MG	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED, 10 MG
Q9943	IVIG non-lyophil 1G	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 1G
Q9944	IVIG non-lyophil 10 MG	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 10 MG

B. Policy:

Effective for dates of service on or after April 1, 2005, codes J1563 and J1564 will no longer be paid by Medicare. These codes will be replaced with HCPCS codes Q9941 – Q9944 effective April 1, 2005. For Medicare reporting purposes, these codes will be reportable with dates of service on or after April 1, 2005.

Coverage requirements for IVIG can be found in Chapter 15 of the Medicare Benefit Policy Manual. Additional information on IVIG can be found in Chapter 17 (Drugs and Biologicals), Section 80.6 of the Medicare Claims Processing Manual.

Payments for the new Q-codes can be found in the respective quarterly Medicare Part B drug pricing files that are posted on the CMS Web site. For Outpatient Prospective Payment Systems (OPPS), payment is an Ambulatory Payment Classification (APC).

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3745.1	Contractors shall no longer pay J1563, effective with dates of service after March 31, 2005.	X	X	X	X	X	X	X		
3745.2	Contractors shall no longer pay J1564, effective with dates of service after March 31, 2005.	X	X	X	X	X	X	X	X	
3745.3	Contractors shall replace J1563 with Q9941 and Q9943.	X	X	X	X		X	X		
3745.4	Contractors shall replace J1564 with Q9942 and Q9944.	X	X	X	X	X	X	X		
3745.5	The Outpatient Code Editor (OCE) will be updated to include these coding changes upon installation of the April 2005 software version 6.1.	X								OCE
3745.6	The Outpatient Prospective Payment System (OPPS) for the new Q codes can be found in the April update of OPPS Addendum A and Addendum B on the hospital outpatient Web site.									OPPS
3745.7	Carriers and DMERCs shall use Type of Service (TOS) 1, P.			X	X		X	X		
3745.8	The Common Working File (CWF) shall use categories 60 and 17.								X	
3745.9	Carriers shall use the MPFSDB Status Indicator “I” for J1563 and J1564. These changes will be updated on the July MPFSDB.			X			X	X		

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
3745.10	A provider education article related to this instruction will be available at Medlearn Matters Provider Education shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X					

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions:

X-Ref Requirement #	Instructions
Medicare Part B Drug Files	Payments for the new Q codes shall be found in the respective quarterly Medicare Part B drug pricing files that are posted on the CMS Web site.

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: April 1, 2005 Implementation Date: April 4, 2005 Pre-Implementation Contact(s): Part B: Tracey Hemphill, (410) 786-7169 and Wendy Knarr, (410) 786-0843; Part A: Antoinette Johnson, (410) 786-9326 Post-Implementation Contact(s): Appropriate Regional Office	No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.
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